

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 24-JUN-2014		TIME 18:29:00		2. ADDRESS OF OCCURRENCE 8412 S MANISTEE AVE CHICAGO, IL 60617		3. LOCATION CODE 289		4. BEAT/OCCUR 0423		
MEMBER INVOLVED	5. POSITION 9164	6. LAST NAME CHUDY	7. FIRST NAME JEFFREY E	8. STAR NO. 16126	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 509	12. HT. 193	13. WT. 193	
	14. DATE OF APPT 29-NOV-2004	15. EMPLOYEE NO. 004	16. UNIT & BEAT OF ASSIGNMENT 0443	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME SMITH	21. FIRST NAME ALONZO	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 601	26. HT. 218			
	28. ADDRESS 8412 S MANISTEE AVE CHICAGO, IL 60617		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL		34. BY WHOM? DR. SCHWULST	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO 18921441		
	38. CHARGES PLACED <input type="checkbox"/> DNA		39. CHARGES PLACED <input type="checkbox"/> DNA		40. CHARGES PLACED <input type="checkbox"/> DNA		41. CHARGES PLACED <input type="checkbox"/> DNA		42. CHARGES PLACED <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ACTIVE REGISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	49. TASER DART ID NO. C62004MMF		50. WEAPON SERIAL NO. (Include Letters) ZZX300658		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED	
CASE INFO.	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1417513738	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		71. R.D. NO. HX317445	
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.			
	73. REPORTING MEMBER (Print Name) CHUDY, JEFFREY E		STAR/EMPLOYEE NO. 16126		SIGNATURE [Signature]		74. REVIEWING SUPERVISOR (Print Name) VUJIC, MILAN			
SIGNATURES	25-JUN-2014 02:40:05		STAR/EMPLOYEE NO. 16126		SIGNATURE [Signature]		DATE REVIEWED 25-JUN-2014 02:41:02			
	74. REVIEWING SUPERVISOR (Print Name) VUJIC, MILAN		STAR NO. 2600		SIGNATURE [Signature]		TIME 25-JUN-2014 02:41:02			

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
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								70. EVENT NO. 1417513738

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender is currently being treated at Northwestern Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

U #:14-18

Based on the information available at this time, the member acted in compliance with Department procedures and directives in that he deployed a taser after the offender posed an imminent threat of battery/attach with a weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1069981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

WALSH, PATRICIA A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

25-JUN-2014 03:06:42

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

LOG# 1069981

Attachment 10